

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024500

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3365

STATE FILE NUMBER

FILED JUL 5 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas City

Length of stay in 1b
35 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION General Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY
OR
TOWN Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS 3600 Paseo

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

OLIVER

GEORGE

MOFFET

4. DATE OF DEATH

Month June

Day 13

Year 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

June 19, 1895 67

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Coal Miner (ret)

10b. KIND OF BUSINESS OR INDUSTRY

Mining

11. BIRTHPLACE (City and state or country)

Lexington, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Charles Moffet

13b. MOTHER'S MAIDEN NAME

Margaret Jackson

14. NAME OF HUSBAND OR WIFE

Lifie J. Moffet

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No None

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Lifie J. Moffet-3600 Paseo, Kans. City, Mo

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour a.m. p.m.

20f. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

20i. COUNTY

20j. STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

6-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 15, 1963

23c. NAME OF CEMETERY OR CREMATORY

Machplelah Cemetery

23d. LOCATION (City, town, or county)

Lexington, Missouri

24. FUNERAL DIRECTOR

Geo. C. Carson & Sons-Indep. Missouri

24b. ADDRESS

25. DATE RECD. BY LOCAL REG.

6-14-63

26. REGISTRAR'S SIGNATURE

Ruth N. Long

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

VS 300 Rev. 4/59

1

2 3 538

3

4 0

5 1

6

7 0

8 2

9 4201

10

11

12 57-3

13

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DR. H. OWENS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James W. Duncan

Licensed Embalmer No. 5228

P. O. Address Independence, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign, in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.